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TECHNOLOGY CENTER
PTO/SB/22 (08-03)

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 017742-002510US
In re Application of JAMES M. BRUGGER et al.		
Application Number 09/595,167	Filed June 15, 2000	
For METHOD AND APPARATUS FOR PERCUTANEOUSLY ACCESSING A PRESSURE ACTIVATED IMPLANTED PORT		
Art Unit 3763	Examiner RODRIGUEZ, C.	

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

- One month (37 CFR 1.17(a)(1)) \$
- Two months (37 CFR 1.17(a)(2)) \$
- Three months (37 CFR 1.17(a)(3)) \$950
- Four months (37 CFR 1.17(a)(4)) \$
- Five months (37 CFR 1.17(a)(5)) \$
- Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$.
- A check in the amount of the fee is enclosed.
- Payment by credit card. Form PTO-2038 is attached.
- The Director has already been authorized to charge fees in this application to a Deposit Account.
- The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 20-1430.

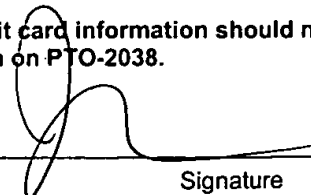
I have enclosed a duplicate copy of this sheet.

- I am the applicant/inventor.
- assignee of record of the entire interest. See 37 CFR 3.71
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- attorney or agent of record.. Registration Number 29,541
- attorney or agent under 37 CFR 1.34(a).
Registration number if acting under 37 CFR 1.34(a). _____

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

9 September 2004

Date



Signature

James M. Heslin, Reg. No. 29,541

Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of _____ forms are submitted.

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